

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/568304

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3	1		1			
4		1		1		
5	1		1			
6		1		1		
7	1		1			
8		1		1		
9	1		1			
10		1		1		
11	1		1			
12		1		1		
13	1		1			
14		1		1		
15	1		1			
16		1		1		
17	1		1			
18		1		1		
19	1		1			
20		1		1		
21	1		1			
22		1		1		
23	1		1			
24		1		1		
25	1		1			
26		1		1		
27	1		1			
28	1		1			
29		1		1		
30	1		1			
31		1		1		
32	1		1			
33		1		1		
34	1		1			
35		1		1		
36	1		1			
37		1		1		
38	1		1			
39		1		1		
40	1		1			
41		1		1		
42	1		1			
43		1		1		
44	1		1			
45		1		1		
46	1		1			
47		1		1		
48	1		1			
49		1		1		
50	1		1			
TOTAL IND.			↓		↓	↓
TOTAL DEP.	←	←	←	←	←	←
TOTAL CLAIMS						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1		1		
52		1		1		
53		1		1		
54		1		1		
55		1		1		
56		1		1		
57		1		1		
58		1		1		
59	1		1	1		
60		1		1		
61		1		1		
62		1		1		
63		1		1		
64		1		1		
65	1		1	1		
66		1		1		
67		1		1		
68		1		1		
69		1		1		
70		1		1		
71		1		1		
72	1		1	1		
73		1		1		
74		1		1		
75		1		1		
76	1		1	1		
77	1		1	1		
78		1		1		
79		1		1		
80		1		1		
81		1		1		
82		1		1		
83		1		1		
84		1		1		
85		1		1		
86		1		1		
87		1		1		
88		1		1		
89		1		1		
90		1		1		
91		1		1		
92		1		1		
93		1		1		
94		1		1		
95		1		1		
96		1		1		
97		1		1		
98		1		1		
99		1		1		
100		1		1		
TOTAL IND.			↓		6	↓
TOTAL DEP.	←	←	←	←	74	←
TOTAL CLAIMS					80	